

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I.

Operator Marathon Oil Company	
Address P. O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 18	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>H</u> ; <u>1905</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>East</u>					
Line of Section <u>11</u> Township <u>22-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Northern Natural Gas Company	P. O. Box 2300, Midland, Texas 79701				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? Yes
					When September 1, 1977

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-27-77	Date Compl. Ready to Prod. 9-26-77		Total Depth 7552'		P.B.T.D. 7501'			
Elevations (DF, RKB, RT, GR; etc.) GR 3355'	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 7028'		Tubing Depth 6986'			
Perforations 7038,40,42,44,46,7264,66,70,72,74,7362,64,93,95,7401,03					Depth Casing Shoe 7547'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1250'		500 sacks			
8 3/4"	7"		7549'		2,275 sacks			
	2 3/8"		6986'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-7-77	Date of Test 9-28-77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 890	Casing Pressure -	Choke Size 17/64"
Actual Prod. During Test 47	Oil-Bbls. 47	Water-Bbls. 0	Gas-MCF 1,046

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Anthony Kovasone  
(Signature)  
Production Engineer  
(Title)  
September 29, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1977, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT 1

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

JUL 21 1977

OIL CONSERVATION COMM.  
ALBANY, N. Y.